

National Park Service

Arches & Canyonlands Reservation Form

(Reservation fees are non-refundable)

1 Trip Leader Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Number of people: _____ Number of vehicles/boats _____

2 Type of Trip

☐ Backpacking (\$15)

☐ 4WD/Mtn Bike Camping (\$30)

☐ 4WD Day Use in the Needles (\$5/veh/day)

☐ Frontcountry Group Campsite (\$15)

☐ Cataract Canyon (\$30)

☐ Flat water (\$20)

Travel upriver by: _____

4 Payment (non-refundable)

☐ Check or money order

☐ Visa/MasterCard

Credit Card #: _____

Expiration Date (m/y): _____

Signature: _____

3 Itinerary (River trips indicate launch/take-out info)

First choice(s)

Date

Location

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Alternate choice(s)

Date

Location

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will you accept other campsites? ☐ Yes ☐ No

Will you accept other dates? ☐ Yes ☐ No

5 Special Instructions

--

Blocks 1 through 4 must be completed!

Mail or fax your request at least two weeks in advance to:

National Park Service
Reservation Office
2282 S. West Resource Blvd
Moab, UT 84532-3298
Fax: (435) 259-4285